

LOUISVILLE MEDICAL NEWS.

"*NEC TENUI PENNA.*"

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R. O. OOWLING, A. M., M. D., and L. P. YANDELL, M. D.
EDITORS.

THE PUBLIC HEALTH ASSOCIATION.

The seventh annual meeting of the American Public Health Association will take place at Nashville on the 18th November and continue till the 21st. Following this the Sanitary Council of the Mississippi Valley will hold a session. The subjects for discussion at the Public Health Association will be as follows:

1. How to deal with a city in the yellow-fever zone in order to prevent the appearance of a first case.
2. How to prevent the importation of a first case.
3. How to deal with a first case, and early cases generally, when in spite of precautions under first and second headings it has made its appearance.
4. The duty of local boards of health, or other health authorities, to report such cases promptly, even though there may be some doubt as to the diagnosis. Whether the knowledge that such reports would be faithfully made would not have a tendency to allay apprehensions and give confidence to other communities while warning them of the importance of making preparations for contingencies.
5. Under what circumstances may it become necessary or expedient to remove the unacclimated portion of the population from an infected place? How may this be effected for the poorer classes of the population, and how should the people thus removed be cared for and supported?
6. Measures for isolating a dangerously-infected place.
7. Organizations for the relief and treatment of the sick in an infected city.
8. Measures for preventing the spread of the disease from an infected place by railroads, including the management of transfer stations.
9. Inspection of steamboats at an infected place and at intermediate stations between the port of departure and their final destination. Should stations of observation be established by the National Board

of Health? If so, what should be their relations to the health authorities of the states within whose territorial limits they may be established?

10. Results of the coöperation and aid given by the National Board of Health to state and municipal boards under the provisions of the act approved 2d of June, 1879. What suggestions may be made to render this system more efficient?

Of course these are points of the utmost vital importance, and of course the American Public Health Association and the Sanitary Council of the Mississippi Valley are or ought to be by long odds the most powerful enemies of disease the country can afford; yet we can not fully believe that the yellow fever is going to get a very black eye in the encounter which is about to take place. And the reason of it is this—that the majority of the members, just as it did last year, is going to discuss, not particularly how yellow fever is going to be controlled, but why it is that yellow fever does not follow certain laws which have been laid down for its control. Nevertheless we have hopes they will come nearer to the mark this year, and especially so because simultaneously with this meeting of the Health Association is a convention of railway men to take into consideration the same question as will come before the sanitary brethren, and we have great faith in the good sense of the men who represent the pocket of the nation.

We note that the venereal question has been posted by the Health Association for early discussion. We trust it will be taken down. One thing at a time. The yellow-fever problem, so far as solution is concerned, is quite virginal in its freshness; and we trust that our friends will continue to hammer at it until at least the cholera comes along.

Original.

ABSCCESS BETWEEN THE RIBS AND COSTAL PLEURA—NECROSIS AND REMOVAL OF RIBS.

TAKEN FROM THE NOTES OF M. KEMPF, M. D.,
BY DR. E. KEMPF.

In No. 15, Vol. 1 of the LOUISVILLE MEDICAL NEWS I reported a case of removal of necrosed ribs, and also mentioned the present case of Mr. Seidle. As Dr. M. Kempf operated on Mr. Seidle again lately, I report the case in full.

In the fall of 1870 I was requested to visit X. Seidle, a stout lad aged seventeen. The boy had been tending a threshing machine for several days, and the day previous to his illness, after a hard day's labor, he in a scuffling-match was thrown against a sack of wheat, bruising his right side considerably. He slept during the night in a barn on the wheat-straw threshed during the day. The patient's clothes, saturated with perspiration, were not changed. He therefore was thoroughly chilled during the night, and the following day he had a violent attack of sickness. I found the patient somewhat delirious, with a high fever. Pressure on the side which was injured caused considerable pain. I could not detect any fracture of ribs. Auscultation yielded nothing indicating disease either of the lung or the pleura; no cough. Thinking that the patient had an attack of remittent fever, I gave him a dose of Dover's powder and ordered ten grains of quinine with a fraction of morphine every two hours. To his bruised side, which at the time I thought of no consequence, chamomile fomentations were applied. After a week the patient was better, except his side, which was more painful than when he was first taken sick. Being unable to visit the patient, Dr. Buehler took charge of the case for me.

In the spring of 1871 Mr. Seidle came to Ferdinand to place himself under my treatment. The following is a brief history of Mr. Seidle's illness during Dr. B.'s treatment: Three weeks after he had been thrown against the sack of wheat, and after another attack of fever, the bruised part of the chest became swollen. Dr. B. lanced the abscess, and a large quantity of matter escaped. The sore had been running ever since; *i. e.* from the latter part of September to April. Drs. Knapp and Bindewald met me in consultation. On examination we found the affected

side depressed, measuring an inch and a half less than the healthy side. Auscultation revealed a distinct though feeble respiratory murmur; percussion considerable resonance; no cough. The patient was very much emaciated. Over the fourth rib was a ragged opening bathed in foul pus, of which a large quantity daily issued from the wound. Inserting a probe into the fistula, we ascertained that the third and fourth ribs were diseased. The sternal ends of the ribs were sound. Running the probe along the diseased fourth rib toward the spinal column, we found the instrument too short to ascertain the extent of the fistula. A silver catheter was used, and with it we ascertained that the fistula was fully eight inches long and about six inches of the fourth rib were diseased.

We informed Mr. Seidle that nothing but a serious operation would relieve him. Having obtained the patient and his parent's consent, the patient was chloroformed and the following operation performed: The right arm being forcibly drawn backward and held in that position, two incisions were made, one extending from the second rib to the fifth, the other along the fourth rib near the border of the axillary edge of the pectoralis major muscle. The two incisions met on the sternal side of the fistula, forming the letter T. The two rectangular flaps thus mapped out were dissected up and the necrosed ribs exposed. About six inches of the fourth rib, including a small part of its sound portion and about three inches of the third, were removed with the knife, elevator, finger, and Liston's bone-forceps. The wound being thoroughly syringed and the hemorrhage stopped, the edges of the wound were brought in apposition and secured by sutures, excepting two inches at the sternal end; into this, extending along the groove from which the diseased fourth rib had been removed, a slippery-elm tent eight inches in length and one in width was inserted to keep open a proper drain. The tent was removed twice a day and the wound thoroughly cleansed with carbolic-acid water. Anodynes, cod-liver oil, and quinine and lupuline in beer were given internally. Six weeks after the operation the patient was able to lead an active out-door life; and although the wound suppurated for a long time, and small spicula of bone would occasionally escape, he became stout and healthy. Five years after the operation there existed a fistula six inches in length along the groove in which had been situated the removed por-

tion of the third rib, and extending beneath the scapula to some extent.

In the latter part of June, 1878, Mr. Seidle again called upon me. He gave the following history of himself: While building he had used a patent auger. The exertion of the muscles of the chest and arm caused great pain and swelling over his right scapula. On examination I detected fluctuation and that peculiar sensation of touch which denotes an abscess. Thinking that the old trouble had reappeared, I requested a consultation with Drs. Knapp and McMahan. After another examination the consulting physicians agreed with me that an abscess existed above and beneath the scapula, which was very likely due to necrosed ribs. Mr. Seidle at first refused to go through the same terrible ordeal of seven years before, but on our explaining to him that there was no other chance of recovering he at last reluctantly consented to an operation. The patient was chloroformed and the following operation performed: The abscess was opened at the internal angle of the scapula; about a quart of pus escaped. The abscess was thoroughly explored with the finger, and a fistulous tract could be traced toward the front part of the chest. A silver catheter was now inserted and pushed forward until it bulged the skin on the front part of the chest near the right nipple; here a counter excision was made. I again inserted the finger of one hand in the posterior incision and the finger of the other into the anterior. By using a little force the fingers met, but I could find no necrosed ribs; neither could Drs. K. and M. A slippery-elm tent fully twelve inches in length was now inserted, projecting at both openings. The wound was to be washed out two or three times a day. About two weeks afterward the tent was discontinued, and the wound slowly healed.

About three weeks after the operation the patient complained of great pain in the right groin, which increased to such an extent that he could not move. Swelling and tenderness appeared, and in ten days "pointing" was noticed near the great trochanter of the femur. At this place an incision was made, and fully three pints of pus escaped. Whence did this pus come? Did it find its way along the anterior or the posterior surface of the spinal column, from the scapula to the great trochanter of the femur? The closest examination could not trace it along the muscles of the back. The patient recovered, and is now working on a farm.

FERDINAND, IND.

GANGRENOUS PEMPHIGUS.

BY L. P. YANDELL, M. D.

*Professor of Clinical Medicine and Diseases of Children,
University of Louisville.*

On October 26th I was asked to visit Peter Laville, a little bootblack, twelve years old, the child of poor parents. Four days before he had risen and dressed as usual, with the purpose of plying his occupation upon the streets, but complained of feebleness and general discomfort, and soon returned to bed, and toward evening his mind wandered and he slept much. He had at this time on one knee two roundish dark-red superficial sores, which began as blushes, then passed into blisters as large as a half dollar, and eventuated in ichthymos, which were quite dried up when I saw them. For twenty or thirty days the boy had not eaten heartily, and was quieter and paler than usual, but had had no fever or chills and no functional derangement so far as the mother had observed. He had always been sufficiently fed and clothed, had not used bread made of ergoted grain, had not used alcohol to excess—not at all, indeed—and nothing in his history threw any light on the case. I saw the patient at 3 o'clock P. M. His eyes were dull and expressionless and gummed about the corners. His skin was pale, cool, and doughy. His lips and teeth were defiled by sordes. His tongue was dry and harsh. He swayed himself slowly on his bed, from side to side, muttering unintelligibly. Scattered over his trunk and limbs were a score or more of blebs of various sizes, the largest as great as the thumbnail. These were filled with limpid, translucent, or yellowish fluid, according to their age. There were some on the mucous membranes perceptible. The cuticle on the first phalanx of most of the fingers was raised and puffed out by purple vesicles, which were confluent upon several fingers. On three fingers on one hand and on one on the other the bloodblisters extended to the second phalanx; and the fingers were cold, black, and apparently sphacelated. The same was true of several toes. The pulse was feeble, beating one hundred and fifty to the minute. The temperature was 105°. No food had been taken and the bowels had not acted during the illness. His urine was voided involuntarily. A placebo was ordered and death was predicted. The patient sank in six hours after he was seen by me.

Pemphigus is a rare disease, and pemphigus gangrænosus is its rarest form. Eight-

een varieties are enumerated by Erasmus Wilson, and this does not complete the list. It seems that where dermatographers are unable to determine the cause of a disease and are ignorant of its treatment, they amuse themselves by calling it names.

Pemphigus (which simply signifies a blister, a bladder, a bubble) is a cutaneous evidence of hematic poverty or poison, and my experience teaches me may usually be traced to malaria, scrofula, alcohol, or insufficient or bad food. It is sometimes syphilitic, sometimes of typhus or typhoid origin, and sometimes scorbutic. It always signifies a grave condition. The gangrenous is its most rapidly fatal form, and the hemorrhagic is next. The prognosis in almost all cases of pemphigus is unfavorable. It is to be treated internally with reference to its cause, and externally with reference to its local symptoms.

In the case I have described the mother could throw no light upon its origin, as the child was seldom with her, and she is besides a person of low intelligence. From the locality in which the patient lived, near a stagnant canal, and from his appearance, I opine that he was the subject of chronic malarial poisoning, and was of the scrofulous diathesis.

LOUISVILLE.

Correspondence.

To the Editors of the Louisville Medical News:

On September 23, 1878, I was hurriedly called to visit Mrs. B., aged thirty-three, and the mother of four children. I reached the place about 6 o'clock P. M., and on entering the house found the patient surrounded by a number of friends who were engaged in holding her in bed. She was having convulsions in rapid succession, scarcely emerging from one until another was ushered in. The muscles were undergoing the most violent contractions that I ever witnessed, and it was with great difficulty that I could feel the pulse, which I found to be exceedingly rapid. She was foaming at the mouth and rolling her head and seemingly unconscious of every thing going on around her. I made an effort to get her to swallow water, but failed, her jaws being closed like a vise. Upon inquiry her husband informed me that she was taken suddenly while sewing at a machine, and fell to the floor without uttering a word, and was carried to the bed in an unconscious state. I remained with the patient

during the night and administered morphine hypodermically at intervals. The convulsions gradually wore off during the night, and the morning found her in a comatose condition. The breathing was stertorous and gradually decreasing in frequency. The lips presented a cyanotic appearance, and I considered her moribund. There seemed to be no encouragement to undertake to avert impending death. The house being situated near a sluggish stream, I attributed the trouble to malaria. Not being willing to let my patient die without further effort, I concluded to try the effects of an antiperiodic. Having none of the sulphate of quinia with me, I used the sulphate cinchonidia as a substitute, injecting about fifteen grains under the skin during the forenoon. This was soon followed by an amelioration of the symptoms, the skin growing moist and the pulse and respiration improving notably. On the third day from the attack convalescence was established, the patient being now able to swallow with ease and comfort. I continued the cinchonidia combined with iron throughout convalescence; also prescribed chloral hydrate *pro re nata*, to secure rest and sleep. The bowels were regulated by laxatives. Under this treatment improvement continued until she was entirely restored to health, and she has remained well up to the present time.

CHAS. VAN WYE.

NORTH SALEM, LINN COUNTY, MO.

Books and Pamphlets.

TRANSACTIONS OF THE MEDICAL AND CHIRURGICAL FACULTY OF THE STATE OF MARYLAND, at its Eighty-first Annual Session, held at Baltimore, Md., April, 1879. Baltimore: Maryland Medical Journal Steam Printing-house. 1879.

TRANSACTIONS OF THE TWENTY-SIXTH ANNUAL MEETING OF THE MEDICAL SOCIETY OF THE STATE OF NORTH CAROLINA, held at Greensborough, May 20, 21, and 22, 1879. Wilmington, N. C.: Jackson & Bell, Printers and Binders. 1879.

PROCEEDINGS OF THE LOUISIANA STATE MEDICAL ASSOCIATION, at its Second Meeting, held in the City of New Orleans, April 9, 10, and 11, 1879, with the Constitution and By-laws. New Orleans: L. Graham, Steam Book and Job Printer. 1879.

TRANSACTIONS OF THE STATE MEDICAL SOCIETY OF ARKANSAS AT ITS FOURTH ANNUAL SESSION. Little Rock: Blocher & Mitchell, State Printers and Binders. 1879.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF TENNESSEE AT ITS FORTY-SIXTH ANNUAL MEETING, 1879. Nashville, Tenn.: "The American" Book and Job Rooms. 1879.

THE DRUGGIST AND PAINT AND OIL REVIEW.
Chicago, October, 1879. Vol. I, No. 1.

This is a valuable publication to all persons in any way interested in subjects to which it is devoted.

The Louisville Medical News.

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Miscellany.

MEDICAL EDUCATION.—Excerpts from the Medical Press and Circular:

The treatment of disease and the alleviation of suffering are the great ends of a doctor; the prevention of disease being really the duty of the public themselves, and yet they throw all the burden of trouble upon their medical men, and obstruct and thwart their health-officers as much as they can. A patient does not call in a medical man in order that the latter may have the opportunity of observing the interesting details of his malady. He likes to see pains taken in his examination, and feels that this is the proper way in which to arrive at an exact knowledge of his ailment; but after all his great aim is to seek cure or relief. In return for his money he wishes to get something which he can regard as "value received." How often he gets nothing of the kind—in fact, how often it would have been wiser to throw the money into a river, and leave his trouble to nature's curative powers—it would be invidious to say. The question may be asked, Is the present form of medical education the best possible to enable a student to be of service to his fellow-men? The gravest possible doubts may be entertained on this subject.

Of course the teacher's duty to his pupil and his school alike is to enable his pupil to pass the requisite examinations for the acquiring of a diploma; and the object held

up to the student's gaze almost invariably is the "pass." A pretty extensive acquaintance with medical men puts us in a position to say that there are in the ranks of our profession a considerable number of men who are simply frauds. They may have got up their anatomy well, and prepared themselves for the performance of grave surgical operations which not one in a hundred will ever have the opportunity of performing, and not one in a thousand is fit to perform when the opportunity comes to him, as all the anatomical minutiae requisite for its successful performance have long since passed out of his memory. He is taught to know the points which indicate a cavity in the lung; but it may be doubted if he is ever taught to look at the phthisical patient's tongue, or to investigate the condition of his assimilative organs, upon which, however, the future of the case essentially turns. [The italics are ours.] He is instructed how to boil urine in a test-tube; but neither he nor his teachers can in many instances tell whether the albumen, when found, is the indication of serious disease or a mere fact of little or no importance. Again, he finds sugar in the urine, and proceeds at once to diet the patient, and sometimes nearly kills him as the consequence of the treatment adopted. He is crammed to pass an examination, not educated to think and reason about actual disease; and he leaves his college with a diploma in his pocket, and learns something of disease at the bedside and at the expense of the people who are so unfortunate as to be his first patients.

It may be questioned very gravely whether the time occupied by a medical education is spent to the greatest advantage or not; whether the student is taught the kind of information best calculated to be of service to him and others in his chosen vocation. Students often bitterly complain that they can not see of what avail certain knowledge, which they must get up for a pass, is to be to them in after life.

Who but an anatomical teacher ever remembers how many bones there are in the wrist, except it be the surgeon who is about to perform an operation upon that joint; to say nothing of being able to discriminate them from each other after he has been five years in practice? Who remembers about the annals of Vieussens, or ever learns anything about it afterward, unless his physiological inquiries have interested him in the relations of the vaso-motor nerves of the liver to the occipital portion of the cere-

brum supplied with blood by the vertebral arteries? Students have to grind up the anatomy of the sympathetic nerve; but how many are ever taught to discriminate betwixt primary gastric dyspepsia and the far more common reflex form which is caused by irritation in the ovary or displacement of the uterus? He is taught much about physical signs; can detect a cavity—or more probably persuade himself he can—and a moist râle here and there; but he is profoundly ignorant how to approach the treatment of a case of early phthisis; nor is he ever reminded by the composition of perspiration of the importance of checking the “night-sweats” which drain the body of its salts.

THE MALARIAL GERM DISCOVERED AGAIN.

The organisms which, according to our observations, are to be regarded as the true causes of malaria, since they are to be found in the infected liquids obtained by the earth from the air, and by cultivation as in the bodies of infected animals, belong to the genus *bacillus*. In the soil of malarious regions they are found in the form of numerous spores, which have the power of independent motion and strongly refract the light. They have an elongated oval figure and a maximum diameter of 0.95 micromillimeter. They develop either within the body or in cultivating apparatuses into long filaments, which at first are homogeneous. Later on these filaments undergo transverse fission, which converts them into a chain, and in the interior of each link new spores develop. The first formation of these spores is parietal, but finally almost the whole interior of the link becomes filled with these little bodies. This morphological property seems to correspond to a particular species of bacillus, which we propose to call *Bacillus malariae*, since we have seen it develop within the bodies of animals infected by malaria.—*Klebs and Tommasi-Cruelli, in London Practitioner.*

THE BACILLUS MALARIA IS ETERNAL.—It has been found that men who have been in malarious districts will afterward die of malarious fever, although they have never had it while in the district itself. Such occurrences as these are readily explained on the supposition of Lussana that the ague-poison remains circulating, as a rule, in the portal blood, and only occasionally gets into the general circulation. The tendency also of the malarious poison to show itself after long intervals whenever the system becomes

debilitated or diseased, and to give to the disease an intermittent character, is also to be explained upon the supposition that the malarious spores once in the body are never completely destroyed, although their number may be reduced to a minimum; so that whenever the conditions again become favorable for their development and passage into the general circulation, they may make their presence manifest by their action upon the nervous system.—*Ibid.*

ON THE MODUS OPERANDI OF QUININE, EMETICS, AND PURGATIVES IN AGUE.—The quinine, when swallowed, will be absorbed like the spores themselves, and by preventing their multiplication, or actually destroying them, will tend to prevent their getting into the general circulation and there doing mischief. We can understand also the action of quinine as a prophylactic, because if steadily taken, the spores, when swallowed, will find themselves in a fluid unfavorable to their growth, and thus be prevented from multiplying at all. But quinine sometimes does not act, or does not act at all well, unless its action be aided by the use of an emetic or purgative. These remove from the body a quantity of bile, and with it they will probably remove a number of malarious spores, and the multiplication of those which are left may be controlled by means of quinine, although previous to the removal of the bile the quantity of spores contained in the portal circulation was too great to be kept completely under by the quinine. In places where quinine is unknown or can not be readily obtained, as in Morocco, ague is cured by the use of emetics and purgatives alone.—*Ibid.*

OLD, DEAD, THEN HONORED.—In an appreciative notice of the career and inventions of Chassaignac the *Progrès Médical* observes that the fact of how little he was considered by his contemporaries is shown by the circumstance that he failed in seven successive *concours* for the chair of a professor; in fact never entered the faculty, and only gained admission into the Académie de Médecine in his sixty-first year in consequence of the remonstrances of the medical press. It is now plainly seen that the author of the *Traité de Suppuration*, with its outcome of surgical drainage, and the inventor of *pansements par occlusion* and *ecrasement lineaire*, ought to have occupied a very different rank in the surgical hierarchy to that which he attained.—*Med. Times and Gazette.*

COUNTERFEIT EGGS.—The *Allge. Medizin. Cent. Zeitung* quotes the following from the *Neue Preussische Zeitung*: It is well known that in America every thing is counterfeited. The wooden hams and nutmegs sent from the New England States are well remembered. Eggs are now also counterfeited, and this manufactory is carried out upon a large scale. On one side of a large room the reporter saw several large copper vessels filled with a thick glutinous yellow mass, which a man was constantly stirring. This was the yellow of the egg—the yolk. On the opposite side were similar vessels, in which the white was fabricated. The egg-shells were made of a white substance resembling plaster of Paris, by means of a blow-pipe, just as soap-bubbles are blown. After being dried in an oven the egg-shells were filled, first with artificial albumen, then with some of the artificial yolk, and lastly with a little of the artificial albumen. The small opening at the end of the egg was closed with white cement; and the greatest achievement of modern civilization, the artificial egg, was ready. In appearance it resembled a natural egg; but, whether raw or cooked, it was indigestible and injurious to health.—*British Med. Jour.*

BULLET IN THE BLADDER.—Dr. Staton reports, in the Maryland Medical Journal for October, the case of a Confederate soldier who was wounded in the bladder in 1865, the ball remaining in the bladder until removed by Dr. Staton, thirteen years afterward. In the mean time the patient's sufferings were frequent and excruciating and his general health wretched. The operation was followed by extremely unfavorable symptoms, and upon the third day death seemed near at hand. Two drams of brandy were hypodermically injected, and soon afterward an ounce and a half of blood was transfused into the femoral artery by means of a large hypodermic syringe. Heat was also applied to the cold extremities. After the transfusion the pulse, which had become imperceptible, could be distinctly felt. The patient got three hours' uninterrupted sleep, and on awakening stated that he had been dreaming of chicken-broth, and expressed a desire for some. It was, of course, quickly prepared for him. He described himself as feeling "as if he were turning around very rapidly." The transfusion was done late at night, and a venerable barnyard fowl furnished both the blood for the circulation and the broth for the stomach.

Whether it was the brandy or the hen's blood that did the good is an open question; but may be, after all, we must look to the feathered bipeds as the proper source of sanguineous fluid for transfusion into the featherless bipeds.

DISPUTED WILLS.—Dr. Legrand du Saulle has lately published a book called *Medico-legal Studies on Disputed Wills*, from which we take the following curious incident: The will of Louis Cortusio, a lawyer in Padua who lived in the fifteenth century, is one of the most original in existence. He forbids all his relatives and friends to weep at his burial. He who will persist in weeping shall be disinherited, while he who will laugh heartily shall be his principal heir or universal legatee. He forbids to put up any black draperies in the house in which he shall die, as well as in the church where he is to be buried. Both must be decorated with flowers and green branches on the day of his funeral. There must be no ringing of bells, but gay music. All the musicians of the town shall be asked to his funeral; they are to walk with the clergy, making the air resound with their instruments, and singing Hallelujah as if it were Easter-day. The bier which contains his body is to be covered with bright and many-colored cloth, and borne on the shoulders of twelve maidens of an age to be married, who must be dressed in green and sing many songs. The executor of the will must see that all these formalities are fulfilled in their least details; if not, the testament will be declared void. The relatives of deceased protested against the will, but it was declared valid.—*British Medical Journal.*

THE ETIOLOGY OF TYPHOID FEVER.—For a long time I have been fully convinced of the spontaneous origin of typhoid fever. For fifteen out of twenty years the inmates of my house drank contaminated water; and in August and September, when the water became low in the well, it was at times so bad we could not drink it; yet we had no typhoid fever.—*Mr. W. E. Porter, in Medical Times and Gazette.*

[Is a man who drinks and allows his family to drink filthy water for twenty years fit to be followed in any medical matter? Were we not too tender hearted to say something severe, we should say that such a man is either an idiot, a lunatic, or a brute.]

DR. SIMS has returned to New York.

REFILLING OF PRESCRIPTIONS.—If any physician practicing medicine in this state shall write or cause to be printed on any prescription the words "No duplicate," any druggist, apothecary, or vender of medicines who shall duplicate a prescription so written or printed on, without the consent of the physician writing the prescription, shall, upon conviction thereof, be subject of a fine of ten dollars for each and every offense, together with all the costs of suit.—*Wisconsin Medical Act.*

[We wish this law prevailed in Louisville. Here one prescription, gotten on credit and often not paid for, is used by an individual or a family indefinitely, and besides is often loaned to friends and relatives. It is pleasant to know, however, that the modest and moderate-charging druggist gets his little hundred per cent or more profit every time the R is filled.]

THE RUSSIAN PLAGUE.—Drs. Hirsch and Summerbrodt, of the German commission to study the Russian plague in Astrachan, have lately reported to the Berlin Medical Society the result of their investigations. The doctors, priests, and nurses having all succumbed to the pestilence, it was impossible to gain any reliable information from eye-witnesses of the disease. All that the commission seems to have learned is that there is a severe and a mild form of the plague, that it is impossible to discover its cause, and that treatment is of no avail. Like yellow fever, it is yet a mystery. Of course the investigators have theories, but our printer's time and ink are too valuable to be used in recording them.

A CASE of popliteal aneurism, in which pulsation returned twice after consolidation by flexion and the ligature respectively, and was eventually and spontaneously cured, is reported by Rushton Parker, M. B., B. S., etc., in London Lancet.

BRIDES WATER.—The water of Brides is very highly recommended by M. Philbert in the treatment of obesity. Brides is the name of a spring in Savoy.

THOSE AWFUL GERMS.—The Med. Times and Gazette says: "Speaking of the carbon used as a filtering medium in the Royal Navy, Major Crease points out that it has one disadvantage, namely, instead of clearing out it rather affords to water passed through it materials which assist in the development of some of the lower organisms."

Selections.

Meniere's Disease.—1. In a general sense of the word the name of Meniere's disease may be applied to all cases of vertigo which are caused by an abnormal irritation of the nerves of the semi-circular canals. The irritation may be produced either by an exaggerated normal cause, *e. g.* violent rotatory movements of the head or of the whole body, or by an abnormal cause, *e. g.* a sudden change of temperature (especially when passing from a higher to a lower temperature), variations in the intra-tympanic pressure, disturbances in the circulation, or inflammation.

2. In a more restricted sense the name of Meniere's disease is applied to cases where the vertigo is caused by an inflammatory condition either of the semi-circular ducts or of the middle ear. The vertigo may either be persistent or simply caused momentarily by normal movements of the head. In some cases it appears periodically under the form of a fit, at intervals of weeks or even months.

3. Exposure to colds and catarrhs of the tympanic cavity play a prominent part in the etiology of Meniere's disease.

4. The majority if not all cases of Meniere's disease are of secondary nature; *i. e.* they are caused by catarrhs or inflammations of the tympanic or mastoid cavity.

5. In typical cases the vertigo is preceded or accompanied by rotatory sensations which follow a certain order. The attack begins by a sensation of rotation around a vertical axis. The rotation invariably takes place on the affected side. Sometimes it is combined with a sensation of swinging backward and forward. In more serious cases the feeling is that of rotating round a horizontal axis, both backward and forward. Finally the vertigo becomes general, and the patient loses consciousness and falls down; he often vomits in such cases. Sometimes the attack is over in from ten to thirty minutes; in other cases it is called forth by a simple movement of the head during one or two days following the first attack, and the patient is obliged to lie perfectly still in order to avoid them.

6. In some cases the rotatory sensations may be caused experimentally by certain therapeutic agents; *e. g.* by the insufflation of air into the tympanic cavity in cases of acute inflammation of the latter, or by the injection of fluids into the mastoid cavity when the mastoid process has been perforated. In these cases the rotatory sensation always takes place round a vertical axis and in the direction of the affected organ.

7. In some cases the attacks are accompanied by loud noises in the ear; in other cases there is a constant slight buzzing noise, which does not increase in strength during the attack; sometimes there is no sound at all.

8. In cases of long standing a slight feeling of vertigo persists even during the free intervals, and seems to be caused by the first movements of the head after awaking from sleep. Sometimes the patient feels as if he were going to fall either backward or forward. Other patients are obliged to keep the head fixed in a certain position, because every movement that takes place in the plane of one of the semi-circular ducts is accompanied by a sensation of a heavy body rolling in the same direction. (In a typical case which came under the speaker's observation the patient held his head inclined forward and to the left,

corresponding to the plane of the left sagittal duct. The left ear was affected in this case.)

9. Menière's disease is frequently complicated with hysteria. It is also apt to produce in children a condition not unlike chorea, and in adults clonic contractions of the muscles of the face and body. These often disappear entirely after a local treatment of the middle ear.

10. In some cases patients after recovering from Menière's disease have lost the faculty of hearing.

11. Highly satisfactory results have often been obtained by local treatment, even in inveterate cases.

12. Professor Charcot has strongly recommended the use of quinine in the internal treatment of the affection, as it frequently wards off the attacks. In some cases where the inner ear is affected it has been observed that the use of quinine has been followed by increasing deafness, while the ringing in the ear vanishes. This effect generally only lasts as long as the drug is used.—*Dr. Guye (Amsterdam), in British Medical Journal.*

Jamaica Dogwood (Piscidia Erythrina).—This drug is now for the first time placed before the medical profession of the United States for trial as to its general merits as a narcotic and antispasmodic, but more especially as a substitute for opium as an anodyne. We particularly request physicians to test it carefully in practice and report results for publication in the medical press.

According to Prof. Fernando Altamarano, M. D., of Mexico, experiments upon animals have demonstrated the power of this drug, in large doses, to produce prompt paralysis of the motor nerves, while it does not affect the great centers of innervation (cerebellum and medulla), the great sympathetic nerve, or the smooth or non-striated muscular fiber. Neither does it affect the seat of intelligence, the heart-rhythm, the temperature, or peristaltic action. In the opinion of Prof. Altamarano piscidia is indicated in the following affections: writers' cramp, chorea, tetanus, poisoning by strychnia, puerperal eclampsia, convulsions in children, epilepsy, hydrophobia, and angina pectoris.

Dr. William Hamilton, of Plymouth, England, in a communication to the Pharmaceutical Journal, speaks of this plant as a powerful narcotic capable of producing sleep and relieving pain in an extraordinary manner. He had noticed, when resident in the West Indies, the use of the bark of the root in the taking of fish, upon which, even when of a large size, it exercised a very strong narcotic effect. He was induced to try it as an anodyne in toothache, and found a saturated tincture exceedingly efficacious, not only affording relief when taken internally, but uniformly curing the pain when introduced upon a dossil of cotton into the carious tooth. The bark of the root, to be effectual, should be gathered during the period of inflorescence in April. When chewed it has an unpleasant acrimony like that of the mezereon. It yields its virtues to alcohol, but not to water. The formula employed by him in preparing the tincture was to macerate an ounce of the bark, in coarse powder, in four fluid-ounces of rectified spirits, for twenty-four hours, and then to filter. The dose is a fluid-dram. He first tried it on himself when laboring under severe toothache, taking the quantity mentioned in cold water on going to bed. He first felt a violent sensation of heat internally, which gradually extended to the surface, and was followed by profuse perspiration, with profound sleep for twelve hours. On awak-

ing he was quite free from pain and without the unpleasant sensations which follow a dose of opium.

Dr. Hansen, of Jamaica, writes concerning this drug as follows: "In Brazil the bark of piscidia erythrina, as well as that of erythrina corallodendron, is extensively used under the name of mulungû or murungû. (I quote from *Dictionnaire de Botanique Brasileira.*)"

At present no one denies that the mulungû has an established reputation as a nervous sedative; it is applied by all the faculties, which proves that its therapeutical reputation is merited and confirmed. With us it is not only applied externally in lotions, but internally as well. Its action seems to be over the nerve-centers; it causes sleep without producing the cerebral hyperemia which succeeds opium and the active principles extracted therefrom. The sleep is tranquil and refreshing. It soothes bronchial cough and moderates the paroxysm in asthma and nervous coughs. It has also been pronounced an excellent remedy against chronic hepatitis and obstructions of the liver.—*New Preparations, Detroit.*

The New Treatment of Stone.—There has perhaps been no greater revolution in any department of surgery in a brief space of time than that which has occurred during the past two years in the management of stone in the bladder. When lithotripsy was first introduced it was thought that the dangers and terrors of lithotomy were to be a thing of the past, a memory of the Middle Ages; but gradually it was discovered that this operation was also not without its sufferings and dangers, and many ingenious instruments and much skill and practice were employed to reduce these to a minimum. The perfection of the modern lithotritist was supposed to have been realized in that distinguished London surgeon, Sir Henry Thompson. Here was the man who could count his cases by the hundreds, whose delicate touch with an instrument of his own device was supposed to have conquered that dread sequel of the operation, cystitis, if it was within the limits of human skill and ingenuity to accomplish it. The accumulation of a few great surgeons in the English metropolis made it possible to collect valuable statistics on the different modes of operating—to compare the old with the new, lithotomy with lithotripsy. An inventory was accordingly taken some two years since, when, alas! for modern science, the prestige of the latter operation was evidently about to wane. In vain had Sir Henry perfected himself in his art, in vain had he reduced the manipulation of the bladder to an almost incredibly brief space of time; many of his colleagues, led by Sir James Paget, were about to tender their allegiance once more to lithotomy. It was interesting to those whose privilege it was to witness the experiments quietly going on in this country at that time to watch the ebb and flow of the discussion, and to note with no small satisfaction how thoroughly each master stood committed to his own favorite procedure. As lithotripsy was on the point of being abandoned, the key to the problem was discovered in the new operation which Dr. Bigelow has given us, rising, as it were, from the very ashes of the old. The establishment of the principle that the dangers of lithotripsy were due to sharp fragments and decomposable debris, and not to the use of instruments, was a genuine and valuable discovery. A few years ago Mr. Clover invented a syringe to remove the sand left by the lithotrite, but the diameter of his tube did not permit fragments of even moderate size to pass,

and its employment produced therefore no modification in the operation of lithotomy. The large tubes of a size supposed impracticable before Otis had shown the capacity of the human urethra, and the evacuating apparatus devised by Dr. Bigelow first made a thorough emptying of the bladder possible. Here then was an operation which rids the bladder of a stone as thoroughly as a lithotomy, but leaves no wound behind it.

Dr. Bigelow's new lithotrite is a valuable instrument, but should not be regarded as an inseparable part of his method. The ball-handle, the locking of the screw by a turn of the wrist, the rectangular blades, and the peculiar construction of the jaws to prevent impaction of fragments are great improvements, as is also its size, which enables the operator to crush the hardest as well as the largest stone. This instrument without the essential features of "rapid lithotomy with evacuation," however, would not have saved the traditional operation of lithotomy.—*Boston Medical and Surgical Journal*.

Treatment of Intertrigo in Children.—Dr. A. Wertheimer (*Deutsches Archiv f. Clin. Med.*) divides the indications for treatment in these cases into two: first, to allay the cause; second, to heal the existing lesions. In speaking of the first, he mentions especially the good effect, in cases accompanying dyspeptic diarrhea, of adding to the milk a not-too-thick solution of barley-water—in the first two months about three to one, then to the fifth month two to one, and later equal parts. For cleansing he used the ordinary baby-powder, or, when the surface is excoriated, a decoction of bran, not to be dried off. The usual zinc and lead salves he regards as harmful, and for fresh cases praises Hebra's ung. diachylon, while for more severe cases he always uses corrosive sublimate, which he finds always successful in the shortest time. He applies on cloths a solution of one grain to four ounces of water, applying fresh cloths three or four times a day, and letting them remain on for about an hour each time, or even keeping them continuously applied. He has never seen any evil effects from absorption of the sublimate.—*J. F., in American Journal of Obstetrics*.

Fucus Vesiculosus.—A medical man in this town has lost eight pounds in three weeks, one and a half pounds in the next three weeks, and after twelve weeks found himself thirteen pounds lighter. It is only fair to say that he strictly dieted himself, avoiding butter, sugar, beer, etc.; but this treatment he had tried by itself before without noticing much difference in his weight. In another case a gentleman lost eight pounds in six weeks without any change of his diet. A lady lost more than twenty pounds in nine weeks, also without any particular change of diet. The above all took the fluid-extract, and found no ill effects on the general health. I can hear no complaints of diarrhea, excessive micturition, nor smelling or sweating of the feet.—*Dr. Fairbank, in British Med. Jour.*

Imitation of Amber.—Lately a composition has been produced so closely resembling amber that it can hardly be told from the genuine article, as it also possesses the property of becoming electric by friction. This imitation is made from copal, camphor, turpentine, etc. In value it compares with the true amber as one to twenty. Peddlers especially sell as true amber goods made of this composition.—*Pharm. Zeitschr für Russland*.

Puerperal Fever treated by Benzoate of Soda.—Dr. Lehnbach writes, in the *Allgemeine Medicin. Central-Zeitung* that in February last six cases of puerperal fever came under his care. In these cases artificial interference had been necessary, and all the women were under the care of a very skillful and careful midwife. The source of infection could not be discovered. Three other women, under the charge of another midwife, in whom Dr. Lehnbach was called on to complete delivery by artificial means (one being a difficult forceps case), were not affected. Of the six cases of puerperal fever, two (a primipara and a pluripara) died in a few days in spite of the energetic use of quinine and wine. The symptoms were highly febrile, the temperature in the first case exceeding 109° F. He was hence led to try, in the remaining four cases, benzoate of soda, as recommended by Klebs and Letzerich. The result was so remarkable that he believes that if his experience be confirmed by that of others benzoate of soda will be as much a specific in puerperal fever as salicylic acid is in acute rheumatism. Of the four patients in question two were primiparae and two pluriparae. In the cases of the primiparae he was twice obliged to administer fifteen-grain doses of hydrochlorate of quinine along with the benzoate of soda, as the temperature rose to 105° F. soon after labor. The action of the quinine was much more decisive than in the fatal cases, where he had given half a dram; the temperature fell from 106° to 100.4° F. Moreover, the quinine when given with the benzoate did not produce nausea, whereas in one of the cases it was almost immediately ejected by vomiting when given alone. Except in one case the temperature did not again rise above 102.75° F. Dr. Lehnbach says also that he has had much success in the treatment of gastric catarrh in children, and of diphtheria, from the use of benzoate of soda, administered in the latter disease both locally and internally.—*British Medical Journal*.

Messrs. Cole & Sons, the well-known manufacturers of pathological specimens for the microscope, have prepared a new series of organic aromatic bodies derived from the coal tar, crystallized for the micropolariscope and paraboloid. They may be taken as a good exercise for philologists and phonologists. The following is the list: Metanitriline, paranitriline, sulphanilic acid, calcic sulphanilate, diphenylamine, diphenylnitrosamine, mononitrodiphenylnitrosamine, orthodinitrodiphenylamine, paradinitrodiphenylamine, dibromodinitrodiphenylamine, dimethylamidoazobenzene, diphenylthiourea, tropaeoline, picramic acid, dinitrobenzene, diacetylphenylenediamine, paranitrotoluol, phthalic acid, phthalimide, naphthalenetetrachloride, diimidonaphtol, tropaeoline, anthracene, anthraquinone.—*Med. Press and Circular*.

Hyposulphite of Soda as a Specific in Zymotic Disease.—There can be no doubt that we have in the hyposulphite of soda one of the most valuable remedies for a large class of fungoid diseases (tinea, etc.), also many varieties of zymotic affections. It is also a potent remedy in certain intractable acute and chronic ulcers, whose origin and continuance seem due to some local irritant of a fungoid or bacteroid nature. From the vast number and varied class of diseases over which it exercises a controlling influence, it is destined to hold the first position as a specific in our pharmacopeia.—*Bingham Crowther, L. R. C. P., London, in the Lancet*.

A case of deficiency of the diaphragm in a newborn infant is reported in the *London Lancet* by H. St. C. Carruthers, L. R. C. P., etc., Surgeon in Madras Army. It was born July 18th. It was branded with a hot iron on the third day, as is usual among natives. On July 26th the mother, taking the child, returned to her own home. Just before the child's death, which occurred at 7 P. M. on July 29th, she gave it the breast. It made two or three efforts to suck, vomited (the fluid passing through its nose and mouth), and died in her arms. A post mortem was made at 5:30 on the 30th. Body and wrists were scarred by the irons; no signs of violence; no post-mortem rigidity. On opening the head the vessels were found congested. Nothing else worthy of note. On opening the chest the left lung was found to be pushed upward and backward; its lower part barely reached to the middle of the sternum. The upper lobe was quite solid and sank in water. The heart was pushed over to the right side, and all its cavities were full of dark clot. The development was normal. The right lung was also pushed upward and backward, and there were patches of it that were unexpanded.

The cause of all this displacement was a mass of intestines, measuring altogether eleven feet and one inch in length, and consisting of the whole small and seven inches of the large gut. It had made its way into the cavity of the chest through an opening caused by the defective development of the diaphragm, which was entirely wanting on the left side at the back. There were no signs of strangulation or inflammation, but the entire mass was enveloped in a delicate and transparent membrane, that formed a sort of bag.

Coto Bark in the Diarrhea of Phthisis.—Dr. J. Burney Yeo, in *London Practitioner*:

It is now more than two years ago that my friend Dr. Frank, of Cannes, suggested to me the use of coto bark in the treatment of the graver forms of diarrhea which occur in the course of phthisis. Whatever difference of opinion may exist as to the desirability of attempting to arrest the less severe forms of diarrhea which we encounter in early phthisis, no one can doubt the value of a remedy which will help us to control the grave and exhausting attacks of diarrhea which occur in its more advanced stages. I am persuaded that we possess such a remedy in coto bark; and I express this opinion with all the more confidence because it has not been arrived at hastily, but represents the observation and experience of more than two years.

During this period I have given it in many cases of apparently uncontrollable diarrhea—that is to say, cases of diarrhea which were not controlled by the ordinary remedies; such, for example, as opium, bismuth, tannin, ipecacuanha, etc.—and I have found it almost invariably have the effect of arresting the intestinal flux and of relieving intestinal pain and irritation in a very short time. I say "almost" invariably, for when I first gave it I found no such good result, and upon inquiry I found that one of my colleagues had employed it also without effect. This led me to consider the mode of its administration. I found my colleague had given it mixed with other substances and made into pills, and I had given it, in the first cases in which I tried it, blended with the *mistura cretæ* of the pharmacopœia. It is deserving of notice that when given in both these forms it appeared inert; and one might have been induced to hastily discard it as a drug without remedial value.

This is probably the fate of many valuable medicines which appear to fail, not from want of virtue in themselves, but from want of patience and attention in their mode of administration.

Finding that the fluid extract contained a resinous element which was precipitated in tough masses when the extract was carelessly mixed with water, I had the following mixture carefully prepared: Fluid extract of coto, sixty minims; compound tincture of cardamoms, sixty minims; mix these together and triturate them slowly with three drams mucilage of acacia and two drams of simple syrup; finally add six ounces of water. A tablespoonful of this mixture is a dose. In this form it is an opaque mixture, with a not unpleasantly warm and aromatic taste. I have usually found two or three doses of this mixture to arrest or check the severest forms of phthisical diarrhea.

The bark is imported from Bolivia, South America, and the preparation I have used is the fluid extract prepared by Ferris & Co., of Bristol. The dose is from five to eight minims. An alkaloid *cotoïn* has been prepared from the bark, and is reported to have the same valuable properties as the extract of the bark itself; but of that I have no personal knowledge.

I may add that I suggested its use in a case of exhaustive and uncontrollable diarrhea in one of the graver forms of exophthalmic goitre which I saw in consultation with my friend Dr. Channing Pearce, of Brixton; and he has since informed me that it not only arrested the diarrhea, but also appeared to have a remarkable influence in allaying the distressing nervous phenomena associated with the case. I am quite sure that coto bark is a valuable remedy which ought rapidly to come into general use.

[Messrs. Parke, Davis & Co. introduced the coto bark, and prepare a fluid extract of it.]

Murderous Medicine.—A Vienna correspondent of the *Canada Medical and Surgical Journal* gives some statistics in proof of the recent assertion that the modern treatment of disease in Germany is deteriorating. In Bamberger's clinic of twenty-seven cases of pneumonia seventeen died; twenty-four per cent of all cases of typhoid fever die, and facial erysipelas is "frequently fatal."—*Boston Medical and Surgical Journal*.

[Without any treatment the results would have been far better than these, and with proper treatment in the pneumonias and erysipelas many lives could have been saved.]

A case of traumatic tetanus treated by hypodermic injection of atropine, with recovery, is reported in the *Lancet* by Mr. Jas. Adams. Mr. Adams concludes as follows: "It is very difficult to say how much the atropine had to do with the recovery. Although not one of the most acute cases, it was undoubtedly one of considerable severity, and at the outset an unfavorable prognosis was given; still it is quite possible that recovery might have occurred, as in cases of chronic tetanus, independent of treatment. Upon the other hand, the patient, when not delirious, always expressed himself as being relieved by the injections, and those in immediate attendance upon him reported him as being generally quieted by them for a short time." The atropine treatment, hitherto but rarely used, seems at least worthy of more extended trial, and Mr. Adams suggests that it should be pushed till symptoms of poisoning are produced.

Diuretics.—Dr. Maurel, a naval surgeon, communicated a paper to the Société de Thérapeutique (*Jour. de Thérap.*) giving an account of a number of careful experiments which he had performed on healthy individuals in order to ascertain and compare the effects of various reputed diuretics. His general conclusion is that the practitioner can rely only upon three of the diuretics among those which have been under investigation; namely, chlorate of potash, salicylate of soda, and digitalis; the first two even of these having but a feeble activity. The other medicinal substances reputed as diuretics—nitrate and acetate of potash, iodide of potassium, squill, and colchicum—are either devoid of action or produce effects of no importance. The reporter, commenting upon this conclusion, observes that he can not agree with it, having no doubt that nitrate and acetate of potash and squill are energetic diuretics, from what he has observed when they have been employed in suitable cases. The indication for their employment is the point of importance. If, in place of experimenting upon healthy men, Dr. Maurel had given some of these diuretics, which he accuses of inertia, to subjects infiltrated with serosity, and having abundant collections of water (collections whence the circulation might largely draw to produce abundant diuresis), he would have been less positive in his conclusions, and would have admitted that these substances are excellent diuretics in certain cases of dropsy, when there are no hyperemic or inflammatory lesions of the kidneys. The reporter terminates with a remark which is often lost sight of by those who are content to draw their conclusions solely from experiments on healthy men and animals. If, he observes, the study of medicinal agents, etc., on healthy men has its great value, it does not suffice for giving a complete measure of their therapeutical power. It is still essentially necessary that clinical observation should intervene in order to obtain a complete history of these substances.—*Med. Times and Gazette.*

Gelseminum as a Poison.—1. In spite of a case described some time ago in which seventy-five minims proved fatal, a healthy adult may take as much as ninety minims with perfect immunity. 2. In doses of from ninety to one hundred and twenty minims the drug acts apparently as a motor paralyzer to a certain extent, causing languor, giddiness, and a partial paralysis of the ciliary muscle. 3. After that point it causes headache, with diarrhea and extreme lassitude. 4. The system may learn to tolerate gelseminum, as it may opium, if it be gradually inured to it. I feel convinced that I could have taken as much as half an ounce of the tincture, had it not been for the extreme diarrhea it brought on.—*Corresp. Brit. Med. Jour.*

Pitch Ointment in the Treatment of Hemorrhoids.—A writer in *The Practitioner* praises very highly the use of common pitch ointment as a remedy for what he calls chronic hemorrhoids. It often prevents the necessity of operative procedure. Its astringent effect is something remarkable, and nothing, he says, acts so quickly and effectually. With it may be used a euönymin pill at night and Carlsbad salts in the morning. It may be remarked that hemorrhoids are never long without a new specific. A little while ago it was glycerine; then it was witch-hazel; then carbolic acid injections; and now we have the unguentum picis.—*New York Med. Jour.*

[This is an old Indian remedy. We have heard of remarkable results from its use.]

Treatment of the Ephelides of Pregnancy by Chrysophanic Acid.—Chrysophanic acid has been used with considerable success by Neumann and Braun in those pigmentary patches which appear on the skin during pregnancy. The acid has an irritant action on the skin similar to that of nitrate of silver and other topical remedies, under the influence of which the epithelial and subepithelial layers are destroyed, and the pigmentation disappears and does not return. The irritation excited should only be sufficient to cause the disappearance of the spots; but it is sometimes difficult to limit it to this, owing to the very variable susceptibility of the skin to the action of the acid. The parts should be well washed with soap and water, and the following ointment applied without friction: Acid chrysophanic, one gram; lard, forty grams. The salve is spread on a rag and applied to the affected part, care being taken not to allow it to spread further than the discolored spot. Ordinarily friction may be used three or four times at two days' interval; but it is necessary to watch the skin, and if much swelling appear the frictions should be stopped. The application of the ointment is followed by swelling and moderate burning; the parts become red, and then black, then desquamation takes place, and the spots disappear.—*New York Medical Record.*

Influence of Medicinal Agents on the Fetus.—Dr. Kubassow reported to the St. Petersburg Medical Society the results of some experiments which he had performed. In three instances a dram of chloroform, and in six from a scruple to half a dram of chloral hydrate was administered as an enema to the woman in labor, sometimes in a single dose and at others in several times. They were as follows: 1. Both substances given in medium doses exert a decided effect on the fetus. 2. Both appear to act in a similar manner. 3. At first a stimulant effect is produced, as shown in the more active movements of the child and the increase in force and rapidity of the action of the heart. Later this action becomes less forcible and slower, and the movements of the child are exerted less readily. 4. The effect is induced rapidly, viz. in five, or at latest ten minutes. 5. Chloral acts more rapidly and forcibly than chloroform, even when chloroform narcosis is produced. 6. Chloroform can always be detected in the blood of the funis. 7. After injection of chloral a slight excitement is also produced in the mother, which is followed in two or three hours by a diminution of temperature.—*St. Petersb. Med. Woch.*

Infantile Diarrhea.—Mr. Budd states that according to his observations diarrhea hardly ever takes place among infants fed on condensed milk. This too I have noticed; and I consider that the small quantity of malt extract it contains, as well as the sugar of milk—to which is assigned by Mr. Budd the prevention of its turning sour—renders it so efficacious as a prophylactic, as it is thus so very nearly approximated in its constituents to the infant's natural food.—*Wm. G. Laing, L. S. A., in British Medical Journal.*

Rapid Cure of Coryza.—Rodolfe claims that a fresh case of coryza may be cut short within an hour by chewing one or two dried eucalyptus leaves, and swallowing the exceedingly bitter and aromatic saliva. In chronic cases it has no effect.—*St. Petersburg Med. Woch.*